Team Science and Big Brains

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Keywords: cancer research; clinical care; team science

ONF, 44(4), 401–402.
doi: 10.1188/17.ONF.401-402

Recently, I was honored with the task of moderating a session at the Oncology Nursing Society’s 42nd Annual Congress in Denver, Colorado. The panel discussion, “Team Science: A Discussion With the Experts,” was described as an opportunity to learn about team science implementation in the conduct of cancer research. The panel members were leaders in oncology research and included Christine Miaskowski, PhD, RN, FAAN; Ruth McCorkle, PhD, RN, FAAN; Betty Ferrell, RN, PhD, MA, FAAN, FPCN, CHPN®; and Donna Berry, PhD, RN, AOCN®, FAAN. As the session was about to begin, I looked over at the panelists and decided that this session should have been called “The Big Brains Session” because the panelists are giants in the field. And yes, I was just a little intimidated to be posing questions to the panel, not to mention moderating their discussion.

Questions were asked, and responses followed. Some good-natured teasing occurred between panelists who have known each other for years, and their mutual respect for each other’s work was evident. I was inspired by their descriptions of what team science is (and is not), and I wanted to share what I learned from them and their experiences as researchers and scientists and, ultimately, oncology nurses who have dedicated their professional lives to creating the evidence that makes the care of those with cancer better and safer.

In essence, team science involves inter- or transprofessional initiatives by researchers to develop, implement, analyze, and disseminate studies that answer questions that guide practice. When asked what they had learned from working in teams, this is what they told the audience:

• Team science has shown them that the whole is bigger than the individual parts.
• Working in teams allows individuals to think together and produce better questions and answers.
• Team science promotes an understanding of the differences between professions and a deeper understanding of what each member contributes to the team as a whole.
• Working together provides opportunities to see other people succeed, as well as to understand the multiple sacrifices that everyone makes to achieve success.
• The outcomes of team science go beyond the results of the studies themselves and provide opportunities for team members to keep learning and to affect practice beyond each individual’s own discipline or profession.

The panelists also talked about the importance of listening to other members of the team and not being so enamored of one’s own ideas, knowledge, or expertise that opportunities to learn from others are lost.

In clinical care, listening to the patients and their family members is vitally important because it is in their stories that we learn so much.
is vitally important because it is in their stories that we learn so much. The richness of their descriptions, lives, and response to cancer provides us with the same kind of rich data that qualitative studies do. From this information, we learn what questions to ask to increase our understanding of what the patient experiences, as well as what else we need to learn about.

As they talked, I found myself reflecting on how the process of team science mirrors so much of what we do as nurses in all the many and varied aspects of our different roles. Bed- or chairside nursing requires the input and collaboration of many team members—from the housekeeping staff, who make sure that the healthcare environment is clean and safe for patients and healthcare providers, to the physicians and/or nurse practitioners who order chemotherapy, perform surgery, or plan radiation therapy. Pharmacists support our work and help us to educate patients about the life-saving and, at times, life-endangering treatments that are prescribed. Nurses administer the chemotherapy, educate the patients and their family caregivers, help patients to navigate the overwhelming world of cancer they now inhabit, and coordinate the many investigations, admissions, appointments, and treatments for which the patient is scheduled. Clinical nurse specialists address the learning needs of patients, and sometimes staff, and provide expert care to specific patient populations. Nurse educators ensure that staff are up-to-date and prepared to provide exemplary care for all patients. And, of course, all of this happens with the support of other members of the team—the physiotherapists and occupational therapists, social workers, nursing assistants, speech and language pathologists, etc.

Besides being inspired and impressed by the breadth and depth of these nurse scientists and their big brains, I was left with an overwhelming gratitude for our similarities of purpose. The essence of nursing, clinical care, administration, and research lies within relationships and communication among members of the team, the patients, and their family and loved ones.